

Utah's Division of Child and Family Services

Western Region Report

Qualitative Case Review Findings

**Review Conducted
December 3-7, 2007**

A Report by

The Office of Services Review, Department of Human Services

February 19, 2008

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I. Introduction

The Western Region Qualitative Case Review for FY 2008 was held the week of December 3-7, 2007. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the review. There were 24 cases pulled for the review, but only 23 cases were scored. In one of the cases that was to be reviewed the birth father withdrew his consent right before the review, so neither he nor the child could be interviewed. Since the child and the father did not participate in the review, the case was not scored.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a “marked decline,” which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was compiled from an analysis of the strengths documented in the individual cases stories, supplemented by other strengths identified during the preparation for the exit conference. Not every strength was noted in every case. Each strength contributed to improved and more consistent outcomes for specific children and families.

STRENGTHS

Child and Family Teaming and Coordination

- Community partners are involved more in the teaming process.
- Team members were empowered to communicate with each other directly.
- Team members were given agenda items in advance to make sure everything is covered and everyone has the opportunity to be heard.
- Accommodations were made to insure non-English speaking parents are heard and understood. Time was allowed to make sure they understood what was being discussed.

Worker Professionalism

- Workers are skilled in engagement.
- The worker provided referral questions prior to the assessment to indicate what was needed.
- One worker was able to change an adversarial relationship to one of trust.

Planning Process

- Plans are adapted to address specific needs.
- The plan addressed language barrier needs for a Spanish speaking parent.

Competence of Foster Parents

- The foster parent was concerned about the child and asked for a new assessment to meet the child's needs.
- The foster parents maintained a relationship with the birth grandparents.
- There are strong partnerships between the foster parents and the caseworkers.

Long-term View

- The team looked ahead and informed the family of post adopt services that would be available after DCFS services are terminated.
- The team is working on identifying medical resources after services with DCFS end.
- The caseworker helped find long-term services when the child was placed in another state.

Summits

- There were three summits held this year (one for foster parents, one for workers, and one for the foster parent consultants.)
- There were open forums and concerns could be brought up and discussed.
- There was a sharing of ideas and resources and new support systems were identified.
- Ideas were shared to create an action plan for the region.
- The region is planning ahead for future summits to address concerns identified in the review process. It is an ongoing process.

III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, and representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Western Region were supported by a total of fifteen interviews. There were nine focus groups: DCFS caseworkers, fostering healthy children nurses, Utah Foster Adoptive Families Association, DCFS supervisors, Region Administration Team, Qualitative Improvement Committee, GAL's, AG's and drug court clients. There were also six individual interviews with a judge, school administrator, Children's Justice Center Director, Family Support and Treatment Center Director, liaison for Wasatch Mental Health and the Regional Director of DCFS.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

What is working well?

Teaming was listed as a strength in all of the focus groups. The community partners felt like they had an open partnership and could call anyone from the caseworker to the regional director and get a response. The community partners were always invited to Child and Family Team Meetings and could send their input if they were not able to attend. It was noted that DCFS was willing to reach out and create new partnerships.

The legal partners said that DCFS, parents, AG's, public defenders and the court work together, are very open with each other and have respect for what each person does. The public defender is included in the emails and has access to any of the documentation. They mediate the hard issues, and then stay in the mediation role. They feel this relationship benefits the families, and the judges look to the team to make decisions.

The different agencies within the region work well together. There is a unique partnership with Juvenile Justice Services such that DCFS can place kids. DCFS has a contract with Wasatch Mental Health to do family preservation. They share funding and share training within the different agencies. Wasatch Mental Health sends their workers to DCFS to get Practice Model training.

Support was felt by all of the focus groups. Caseworkers felt like they could get help from supervisors or other workers. Clients from the drug court felt like the caseworker, the treatment program, DCFS and the drug court all supported them. One of the clients said she felt a lot of support from the judge, as well as DCFS.

Drug Court clients described how their relationship with DCFS changed over the course of their substance abuse treatment. They came into the system thinking they would just go through the motions, and they were angry with the attorneys and the judge. They thought that DCFS was just out to get their children. When they could see the team as a support instead of an enemy, their life improved as well as the life of their child. Clients said their case felt very individualized. One said her experience with DCFS, drug court and the treatment providers was awesome. Another client said that she was sad to lose her first worker. She thought that she couldn't trust another worker. She then found out that her worker actually used to use drugs and she related to her. She found a great help and support.

The Regional Director was noted for giving a lot of support. Caseworkers said he would come to help them with any concerns they had. The Utah Foster Adoptive Families Association representative said she could walk into his office anytime and get a response. The judge said that he was very in tune, available and responsive when there is a concern. The community partners all said how accessible he was. Everyone on the Quality Review Committee has his cell number, as well as individuals in the community. He responds to each concern as it arises.

Training has improved. The training is varied and hands on. The trainer has contacted the shelter and has brought new employees to the shelter so that they can become familiar with it. New workers get familiar with the facility and staff and establish a connection. The trainees work on actual cases on SAFE in training. They leave training having done actual documents and cases. The new employees are mentored.

What are the challenges?

Western Region has seen an increase in 9 to 11 year old sexual perpetrators. It is hard to find treatment and homes for them. They are working with Wasatch Mental Health to tailor a program for these younger perpetrators.

The domestic violence shelter in Provo has been shut down and another shelter is needed in the southern end of the valley.

The region is growing and more children are coming into care. The equivalent of an entire community has moved into the area and they need the resources to support it. They need more workers. Supervisors are carrying cases in order to keep things covered, and they do not have the time to mentor new workers or help caseworkers with their problems. Many of the community partners and focus groups stated that DCFS workers were overworked and under paid.

The new treatment plan has created a lot of challenges. One judge stated that the new service plan is "horrendously hard to read." It is not clear which services are for the parents and which are for the children. Parents are confused by the plan, and the judge can barely pick through the new plan and figure out what is happening. Some of the judges are requiring a different document for court, so workers are creating a separate "plan" just for the judges' use.

The GAL's, AG's and workers all had concerns in relation to the "Rocket Docket". The Rocket Docket is a program adopted by some of the Judges in the Western Region wherein they set aside one day or an afternoon where they require DCFS workers and the family to come to court and just report on the progress they've made or set-backs they have experienced. These reviews last no longer than 15 minutes and do not require the worker to write a separate court report. The reviews are a way for the Judge to administer timely consequences or rewards to the family depending on their performance. It is also a way for the Judge to assess DCFS' timely involvement. Since there are several families before the judge at the same time, there is concern about confidentiality. Some felt that it was not beneficial. It is hard on clients and time consuming,

If you could accomplish or change one thing, what would it be?

More resources for services are needed. Treatment centers are needed for sexual perpetrators who are ages nine to thirteen. Children are in detention because they are violent, have blown a placement, or are sexual perpetrators. There is not a place for them to go. There is a need for substance abuse treatment for adolescents, and also for adults who are not involved in drug court. At this time the waiting lists are three to six months just for out patient treatment.

Family Preservation workers are needed. The program has faded away. There needs to be a structure in place where families can call on weekends if there is a crisis situation. Workers need to go into the home to preserve the family.

DCFS needs more post-adoption services. Early intervention would help preserve families. Parents need help with behaviors after adoptions have finalized. Many of the support groups for adopted parents have stopped functioning.

The Child and Family Plan template needs to be modified. As it is now, the worker needs to do a complete new plan when things change because many things are in concrete and cannot be modified. The plan is too long and complicated. It is driven by the need for federal statistics, not helping the families. This is creating more work for caseworkers who are already spread thin. Rewriting a complete plan every time there is a change is not using their time effectively. It also needs to change so that it is easy to read and identifies what is being asked for.

DCFS offices need to be more accessible to the public. There needs to be an office in Eagle Mountain. The Payson area also needs one. It is too far and expensive for people in those areas to get to Provo. Getting proper services in rural areas is difficult, and they are usually minimal. Clients have to come to the Wasatch Front for ongoing services, and the children often have to miss school.

Domestic violence services are still very scattered. There is a recommendation to have a Family Violence Center created where DWS, DCFS, attorneys and law enforcement are all housed together so the parent(s) could fill out all forms in a single stop rather than going all over town. In areas of the country where this concept is being used, they have raised the success rate in domestic violence cases from 20% to 70%.

There could be creative problem solving in order to get and maintain seasoned workers and help with the overload of cases on a worker. Some workers would like to go part time and/or job share. There are workers who have quit because this is not an option. There could also be part time “floaters” who could work for workers out on family leave or assist a worker who is struggling with a very high case load or a very difficult case.

PSS cases could be counted one per child, not one per family. Having 17 PSS cases is a lot more work than having 17 foster care cases involving only five families.

IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

Western Child Status									
	# of cases (+)	# of cases (-)		FY04	FY05	FY06	FY07	FY08 Current Scores	Trends
			Exit Criteria 85% on overall score						
Safety	21	2		96%	88%	92%	96%	91%	
Stability	15	8		71%	86%	75%	79%	65%	
Approp. of Placement	20	3		92%	100%	92%	100%	87%	
Prospect for Permanence	14	9		58%	73%	58%	83%	61%	
Health/Physical Well-being	23	0		96%	100%	100%	100%	100%	
Emot./Behavioral Well-being	20	3		88%	86%	92%	92%	87%	
Learning Progress	19	4		83%	77%	92%	79%	83%	
Caregiver Functioning	18	0		93%	92%	84%	100%	100%	
Family Resourcefulness	7	6		53%	85%	58%	71%	54%	
Satisfaction	22	1		79%	95%	88%	88%	96%	
Overall Score	20	3		92%	88%	92%	96%	87%	Decreased but above standards

0% 20% 40% 60% 80% 100%

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

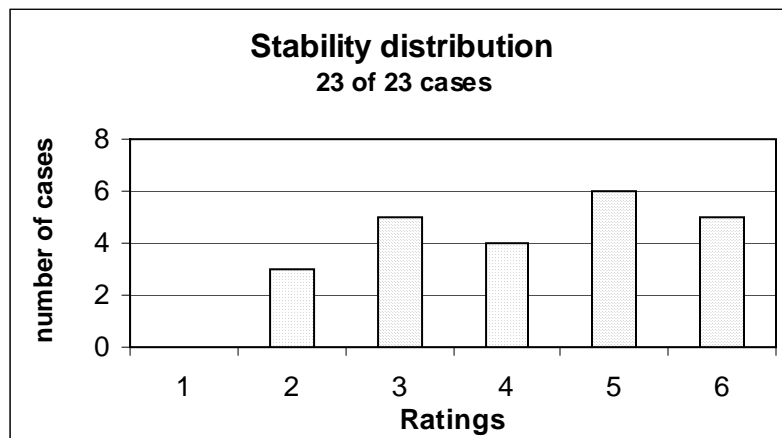
Findings: 91% of cases reviewed were within the acceptable range (4-6). This is a drop from last year's score of 96%. There were two cases that received an unacceptable score on safety.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

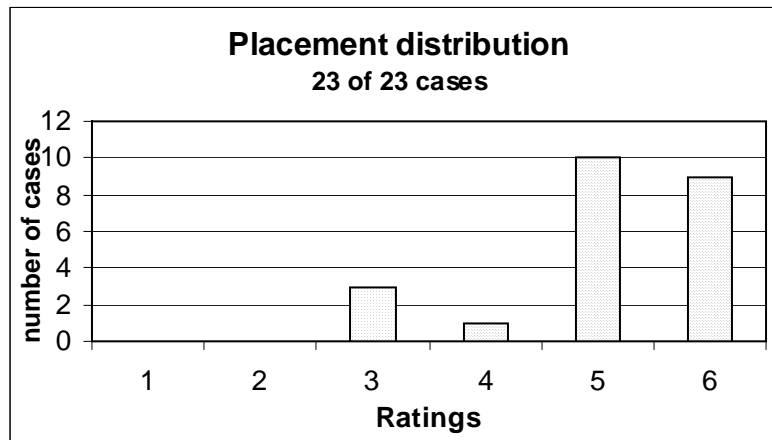
Findings: 65% of cases reviewed were in the acceptable range (4-6). This is down from 79% last year.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

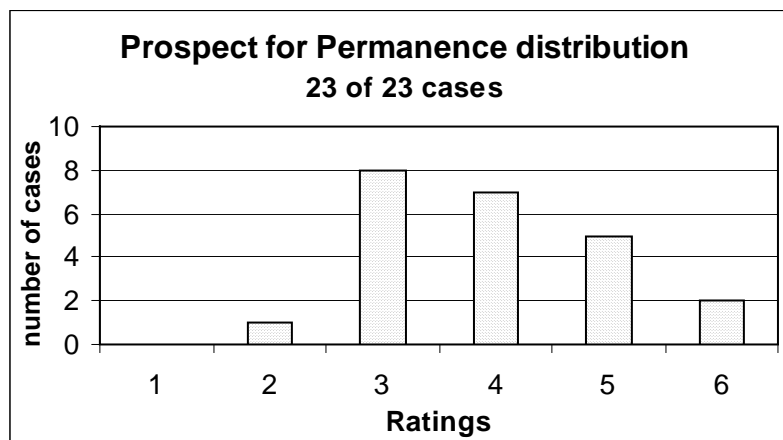
Findings: 87% of cases reviewed were in the acceptable range (4-6). This is down from 100% last year. As the distribution shows, Western region scored very well on appropriateness of placement. Only three cases received an unacceptable score.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

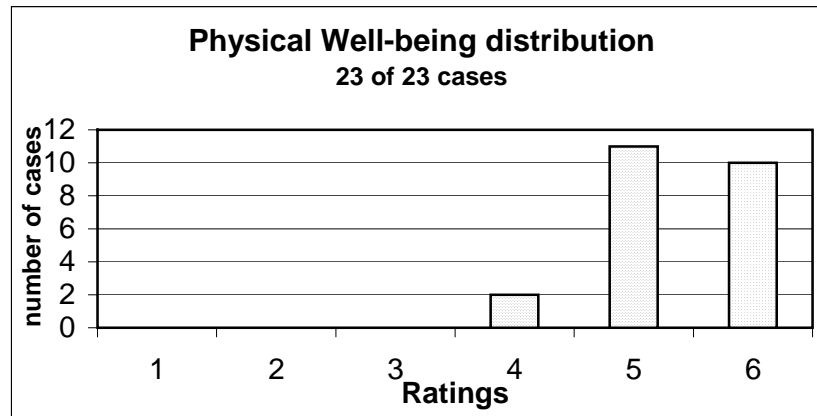
Findings: 61% of cases reviewed were within the acceptable range (4-6). This is down from last year at 83%, but is higher than FY 2004 (58%) and FY 2006 (58%).



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

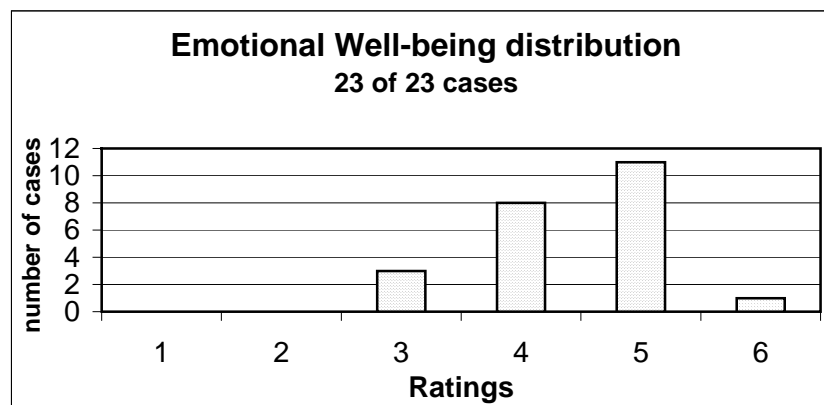
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in 21 of the 23 cases the children were found to be in substantially good health or enjoy optimal health status. For the past four years in a row all children have had acceptable health status. This indicator has not been any less than 96% for the past five years.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 87% of cases reviewed were within the acceptable range (4-6). There were only three cases in the unacceptable range.

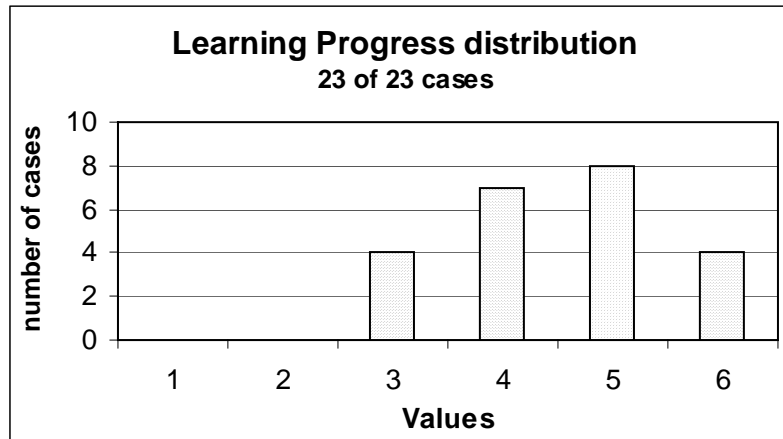


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

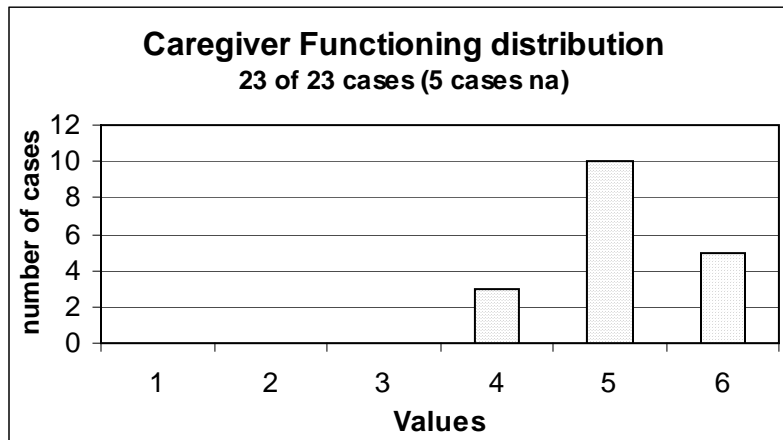
Findings: 83% of cases reviewed were within the acceptable range (4-6). This was an increase from last year's score of 79%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

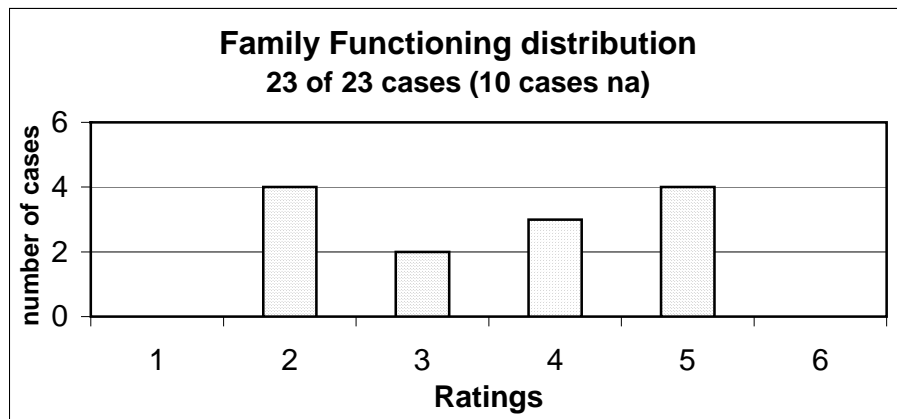
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in all but three cases the child was receiving substantially adequate or optimal care giving.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

Findings: 54% of the cases that were scored on this indicator were within the acceptable range (4-6).



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

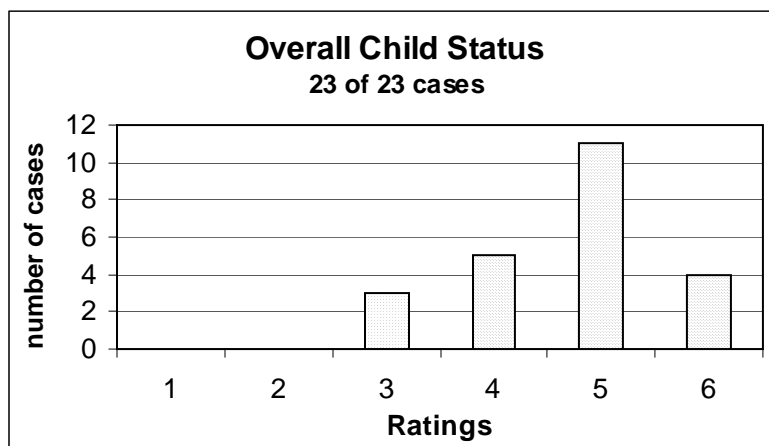
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is an increase from 88% last year.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 87% of cases reviewed were within the acceptable range (4-6). There were only three unacceptable cases on child status. The score was due mostly to two cases that received unacceptable scores on safety. The score is decreased from last year’s score of 96%, but it is still above the standard.



System Performance Indicators

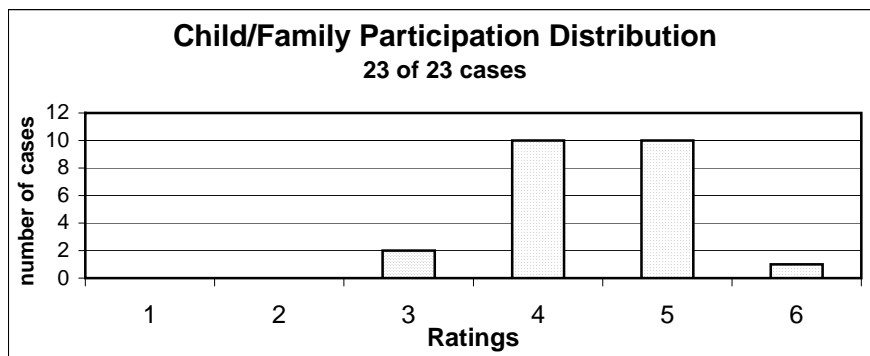
Overall System

Western System Performance											
	# of cases (-)	# of cases (+)	FY04 FY05 FY06 FY07				FY08	Trends			
			Exit Criteria 70% on Shaded indicators				Current				
			Exit Criteria 85% on overall score				Scores				
Child & Family Team/Coord.	21	2	<div><div></div></div> 91.3%	83%	73%	75%	79%	91%	Above standards		
Child & Family Assessment	16	7	<div><div></div></div> 69.6%	63%	68%	54%	75%	70%	Decreased but above standards		
Long-term View	15	8	<div><div></div></div> 65.2%	50%	68%	54%	71%	65%	Decreased and below standard		
Child & Family Planning	17	6	<div><div></div></div> 73.9%	63%	68%	67%	83%	74%	Decreased but above standards		
Plan Implementation	22	1	<div><div></div></div> 95.7%	79%	91%	92%	92%	96%	Above standards		
Tracking & Adaptation	23	0	<div><div></div></div> 100.0%	83%	77%	79%	79%	100%	Above standards		
Child & Family Participation	21	2	<div><div></div></div> 91.3%	75%	82%	83%	96%	91%			
Formal/Informal Supports	23	0	<div><div></div></div> 100.0%	79%	86%	92%	92%	100%			
Successful Transitions	17	6	<div><div></div></div> 73.9%	70%	71%	74%	67%	74%			
Effective Results	19	4	<div><div></div></div> 82.6%	71%	86%	75%	92%	83%			
Caregiver Support	18	0	<div><div></div></div> 100.0%	92%	100%	94%	93%	100%			
Overall Score	23	0	<div><div></div></div> 100.0%	79%	77%	79%	88%	100%	Above standards		
0% 20% 40% 60% 80% 100%											

Child/Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

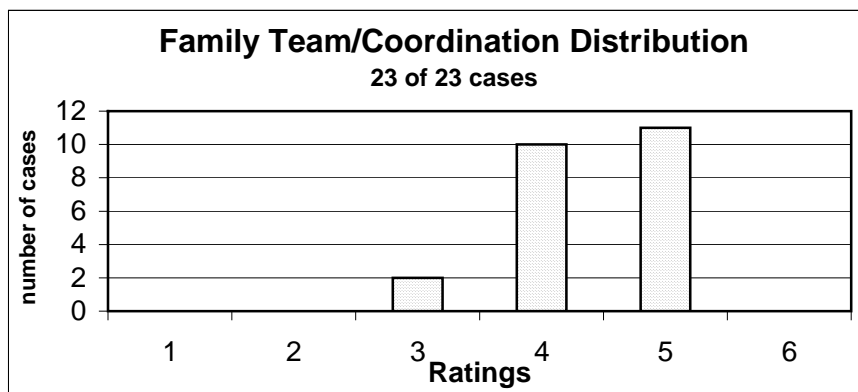
Findings: 91% of cases reviewed were within the acceptable range (4-6). This declined slightly from last year's score of 96%.



Child/Family Team and Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

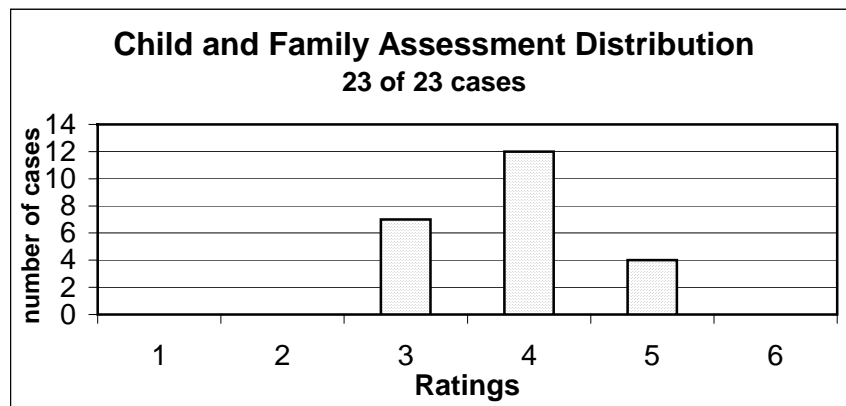
Findings: 91% of cases reviewed were within the acceptable range (4-6). This is up from 79% last year, and is far above the standard.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

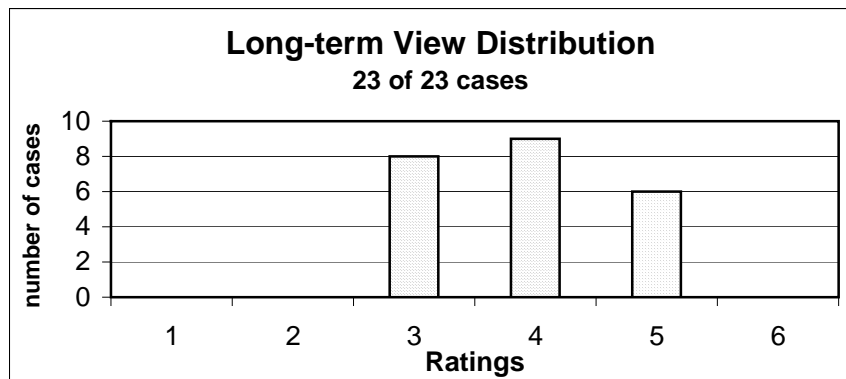
Findings: 70% of cases reviewed were within the acceptable range (4-6). This is down from last year’s core of 75%, but it meets the standard.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

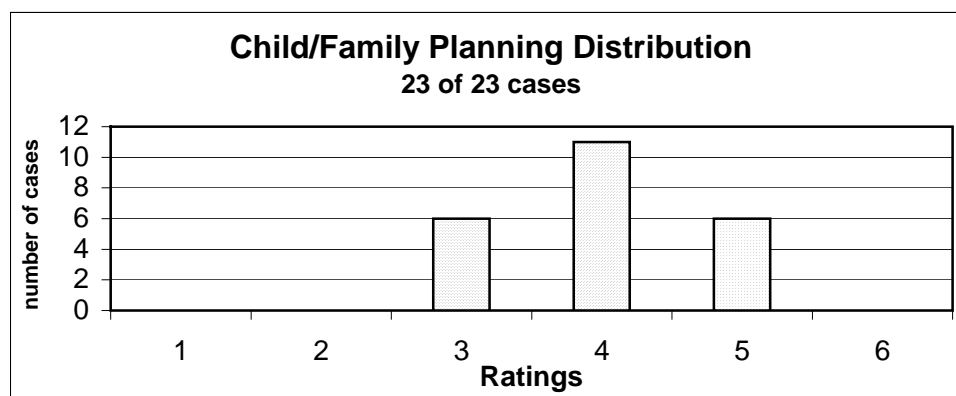
Findings: 65% of the cases reviewed were within the acceptable range (4-6). This indicator decreased and is below standard. Last year it was at 71%.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

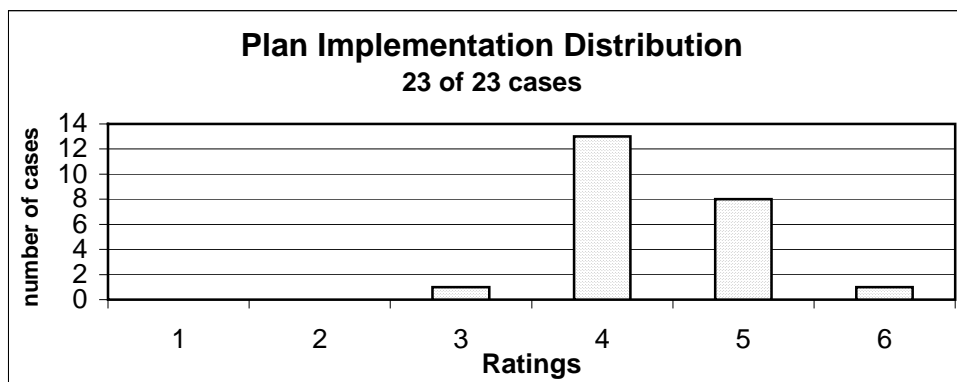
Findings: 74% of cases reviewed were within the acceptable range (4-6). This decreased from 83% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

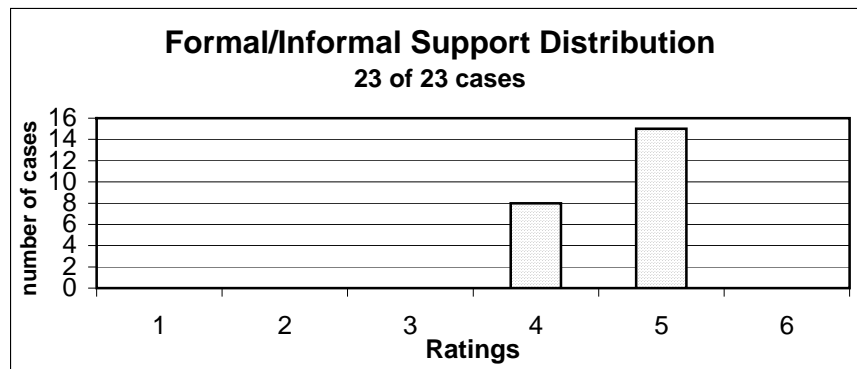
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is an increase from 92%.



Formal/Informal Supports

Summative Questions: Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

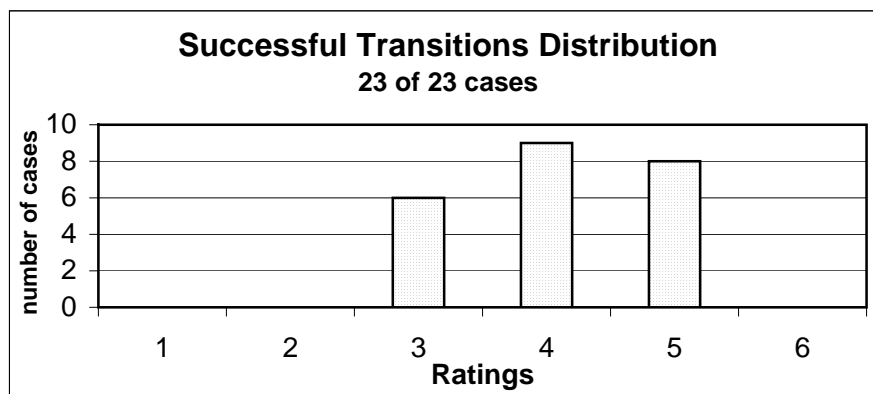
Findings: 100% of cases reviewed were within the acceptable range (4-6), an improvement from the high mark of 92% achieved last year on this indicator.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

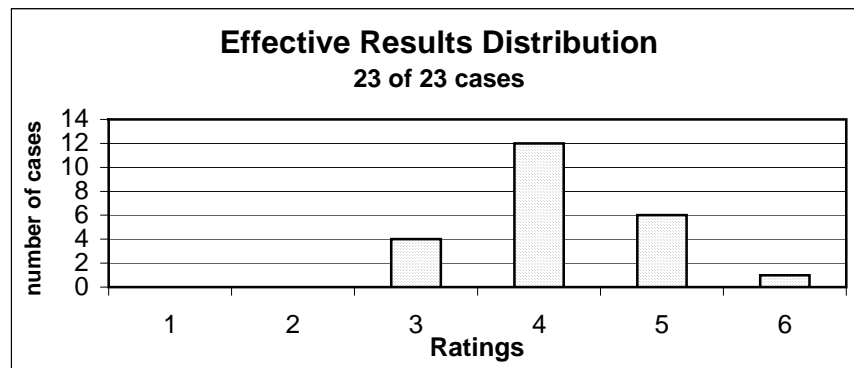
Findings: 74% of cases reviewed were within the acceptable range (4-6). This is an improvement over last year's score of 67%.



Effective Results

Summative Questions: Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

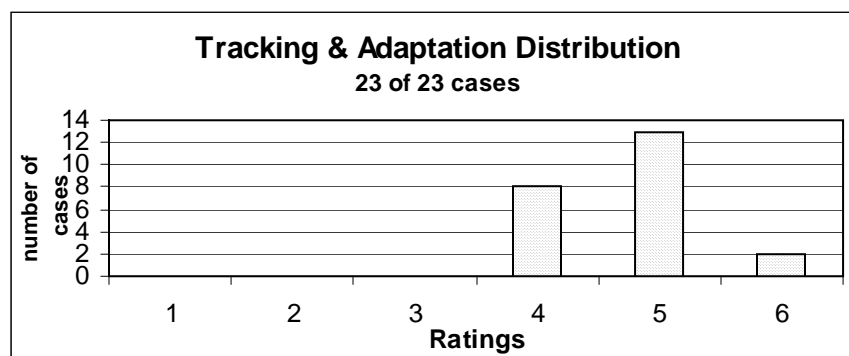
Findings: 83% of cases reviewed were within the acceptable range (4-6), down somewhat from last year's score of 92%.



Tracking and Adaptation

Summative Questions: Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

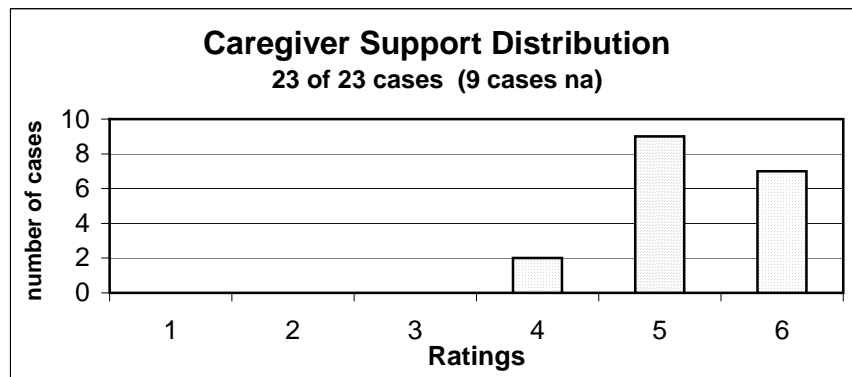
Findings: 100% of cases reviewed were within the acceptable range (4-6). This was a substantial improvement from last year's score of 79% and is above standard.



Caregiver Support

Summative Questions: Are substitute caregivers in the child’s home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

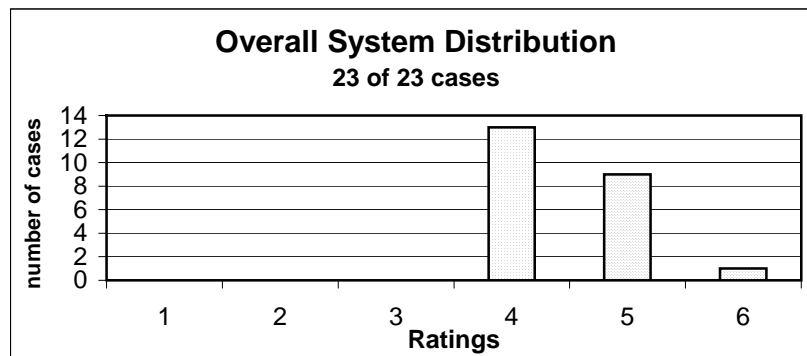
Findings: 100% of cases reviewed were in the acceptable range (4-6).



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 100% of cases reviewed were within the acceptable range (4-6). This score has improved steadily and substantially over the past four years.



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family’s likely status in six months, given the current level of system performance. Reviewers respond to this question, “Based on current DCFS involvement for this child, family, and caregiver, is the

child's and family's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period. ” Of the cases reviewed, 30% (7 cases) were anticipated to be unchanged, none were expected to decline or deteriorate, and 70% (16 cases) were expected to improve.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. Twenty cases had an acceptable overall child status and all 23 cases had an acceptable overall System Performance. These results are an admirable and remarkable achievement, particularly for system performance.

	Favorable Status of Child Outcome 1	Unfavorable Status of Child Outcome 2	
Acceptable System Performance	Good status for the child, agency services presently acceptable. n=20 87%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=3 13%	100%
Unacceptable System Performance	Outcome 3 Good status for the child, agency Mixed or presently unacceptable. n=0 0.0%	Outcome 4 Poor status for the child, agency presently unacceptable. n=0 0%	0%
	87%	13%	100%

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Western Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 91% in the current review, down from 96% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. There were two cases in which safety was found to be at an unacceptable level at the time of the review. Both cases involved an older teenager with behavioral issues, and both cases had an unacceptable score on long-term view. In the 21 cases that had an acceptable score in safety, the issues had been addressed in the plan and by the team.

One example of optimal safety was due to good assessments on the child and the family. The team tracked and adapted the case as needed and used formal and informal assessments to create a strong safety plan for the child.

[Target child] was able to achieve optimal safety thanks to the removal from his biological mother's home and placement into his adoptive home with his maternal grandparents. [Target child's] grandparents have no illusions about their daughter's dangerous behavior due to her drug addiction. When their daughter has come to the home to visit she has had little to do with [target child] and the visits are supervised. [Target child] is also very safe at his daycare that he attends while his grandparents are at work.

In one of the cases that received an unacceptable score on safety, the child was thought to be minimally safe at the time of the review because he was in jail. However, he had been arrested just two days before the review. The unacceptable safety score was based on the risks that the

child placed himself in for several weeks before the review and his ongoing behaviors. The following excerpt from the case explains this finding.

[Target child's] non-compliance, lying, and stealing have escalated along with his drug use. The last thirty days showed an increase in drug use involving methamphetamines, heroin, and ripping off drug dealers. These dealers are out to get him, as reported by others.... Most child and family team members felt that he is not a threat to others, but he places himself in danger because of his current drug use. They would say he is on a self-destructive course.

The other case with an unacceptable safety score had similar concerns as the next excerpt explains.

While the team has provided a safety plan and continually assesses for his safety, [target child's] impulsive behaviors and group demeanor that he adopts on whims can lead to him being unsafe. [Target child] is currently in Vantage Point and was "removed" from a trial home placement for threats. [Target child] also recently assaulted an autistic foster brother by hitting him in the face. He later bragged about hitting him..... The team meetings are used to continue assessing [target child's] mental health and behavioral status and needs. There are substantial reports of the team assessing [target child's] fluctuation of behaviors and his current "decompensation" mentally and behaviorally.

In both of the cases that received an unacceptable score in safety, it was the child's actions that created unsafe situations. The teams on both cases tried to create a supportive, appropriate plan and placement. The ages of the children were 17 and 18. The teenaged clients were both impulsive and one was limited in his mental abilities. These were difficult and challenging cases.

Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region's performance on this indicator dropped from 79% last year to 65% in the sample of cases represented in the current review.

The region's attention to stability from the very inception of the case led to an optimal stability score in the following case. It also demonstrates that the region is paying attention to placing children with kin whenever possible.

[Target child] has been with her aunt and uncle for about five years and she has not moved from this placement since then. The child has been attending the same school with no suspension since entering this school. The only change coming up is that she plans to attend college. In the event she moves away to college, her current home is a place she is able to return to at will. The aunt and uncle have treated the target child as one of their own and they will continue to do so.

An unacceptable stability situation was described in another case story. There was not an ongoing concurrent plan in this case, so even though the case has been open since the summer of 2006, a permanent home has not been identified and the team feels reunification will not happen.

Stability is the main concern for these children. Before this case even started, the children were already being reared by various family members in various locations. Their father being in and out of jail was another factor of instability in their early childhood. Since the case opened last year, the children have been living with great grandparent, with mom at the House of Hope and after leaving treatment, then again with great grandparent, moved to foster family 1, and a month later to foster family 2. An additional move is looming on the horizon. This brings the score for stability to a 2.

There was a 14% drop in stability from last year's score. This is related to the decline in long-term view. Six out of the eight unacceptable scores in stability also had an unacceptable score in long term view. In the case noted, if a permanent long-term placement had been identified early on in the case, the child would not have been moved so often, with another move pending. Other cases also had issues of not having a strong concurrent plan with a workable long-term permanency placement. This led to several moves and unacceptable stability scores in several cases.

It should also be noted that five of the eight cases that failed in stability were teenage clients. In some of these cases the behaviors and actions of the teenage children were a factor in the changes of placements and instability.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator fell from 83% last year to 61% in the current QCR sample. Permanency has been a challenging indicator for the Region over a period of years, with the region scoring 58% on permanency in three of the past six years, and 61% this year.

There were 14 cases with acceptable scores. The following excerpt is an excellent example of achieving acceptable permanency for a child in an adoptive family while maintaining connections with the biological great grandparents.

[Target child's] mother requested her grandparents take custody of him. Her grandparents soon realized that they could not take care of an infant for the long term. They have failing health and felt they were too old to accept responsibility for [target child]. They approached the DCFS caseworker and the child was placed in DCFS custody. He was placed in a foster/adopt placement that is able and willing to adopt him... The foster/adopt family has focused on what [target child's] needs are and has included [target child's] great grandparents in his life. [Target child] is nine months old and the goal is adoption. The commitment of the foster/adopt home and the connection they are keeping with great grandparents will endure until the end.

Sometimes in cases with unacceptable permanency scores implicit understandings among team members of the pathway to permanency for a child were not supported with concrete plans that would actually lead to permanency.

This case is struggling with permanency. There just does not seem to be a real good idea of what is going to happen with this case. Both parents are marginal in their abilities and none are confident that either parent will be able to provide for the children without support and in neither case has adequate support been identified....The home the children are in is a foster adoption home, but when asked if they would be willing to adopt the children they indicated that they had not really talked about it and so were uncertain. The time frames are winding down and permanency is still unclear.

There were several cases where lack of having a strong concurrent plan for permanency resulted in several moves for children. In some cases the children had been in a home for a long period of time but needed to be changed when reunification was no longer an option because they were not in a legal risk placement.

In other cases, members of the team all had a different opinion of what the permanency would be. Permanency was not stated clearly in the plan. In one of the cases, some team members thought the child was going back to kin, others thought he should stay in DCFS custody until age 18 so he could receive Transition to Adult Living Services. In another case the plan was not updated when a family member who was planning on custody and guardianship for a child got engaged and her fiancé moved in with her. The fiancé was reportedly in prison for drug related issues but his full background is unknown to anyone on the team at this point. This relationship and his presence in the home could seriously affect whether or not the target child could be successful at returning home. There was a clear correlation between plans without clear, concise, updated, concrete plans for permanency and unacceptable scores.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator dropped substantially from 71% last year to 54% in the current review.

There were some cases where the families reached out and found resources on their own. In some cases extended family was a strong informal support. Family functioning and resourcefulness is evident in the following case story example:

Grandmother and Grandfather continually and consistently meet the needs of [target child]. There is a very strong relationship in this home, and that is noted and accepted by all the members of the team in this case. There are informal supports that can and do assist the grandparents in meeting these children's needs. There is an aunt and uncle who are older and assist with the children. The uncle lives in the home, and the kids appeared to have a strong, appropriate bond with him. When these children moved from the home of their aunt to the home of the grandparents, there did not appear to be too

much instability due to the relationship that the members of this family have with each other.

There were other cases where the team made services available to the family. They worked to help clients meet their needs and tried to empower them to reach out to formal and informal resources, but some families chose not to use the help offered. Questionable family functioning was evident in another case story example:

The biological mom has not taken control of her issues or situation. Her objectives on the child and family plan are for her to have regular supervised contact; however, visitation has been inconsistent. The biological mother has chosen to live in an area where transportation is a factor in inconsistent visitation. She needs to have a job and maintain stable employment, but has not. The birth mother needs to complete a parenting course, but she had only attended four classes prior to her recent incarceration. She needs to have a safe, stable home environment for her child to live in, but she has not proven to the caseworker or the courts that she has a home to live in. The biological mother remains isolated from and distrusting of her supports. She has not built any trusting relationships with formal or informal supports. She appears to be struggling and feels that DCFS was “out to get her baby.”

System Performance

Child and Family Team/Coordination

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance improved from 79% to 91%.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review.

The team is really a strength in this case. This is a team that all report is very strong and active. Nearly all of the participants felt that the team was effective and contained all of the important supports of this family. The strength of the team is the formal supports, but there are also some informal supports. The team seems to have an identity and it was clear that all saw the team as the primary means for making decisions and moving the work forward....One other nice thing about the team is that there is some inner coordination that is occurring. For example, the caseworker facilitated the release of information so that the school could talk directly with the therapist and share concerns that are being seen at school. It was also nice to see the involvement of the attorneys in this case. They were very knowledgeable regarding the case and had attended the team meetings.

In one of only two unacceptable cases, the following example illustrates how a team was not complete and missing important people in the case. That made a difference in the planning process and how the case proceeded.

The team consists of [target child], foster parents, caseworker, therapist, GAL and AAG. The school counselor indicated that there is good communication between her and the caseworker, but she has never been invited to a team meeting. Key family members are missing from the team. [Target child's] father was involved in meetings early on in the case when the meetings involved his son and he had some participation in planning as it related to reunification with his son. Since being reunified with his son, the father has not been notified of meetings for [target child] and his input has not been sought for planning purposes. [Target child's] mother has not been notified of Child and Family Team meetings. There are relatives in the area such as [target child's] adult sister and paternal grandmother who are supportive of her, and father's sister who has been a support to him. These family members have not been invited to participate. The team appears to have been developed without the family and child's input on who could or should attend.

Child and Family Assessment

The child and family assessment indicator dipped from 75% last year to 70% in the current review. The following example illustrates how good assessments led to improved outcomes for one child. Members of the team were able to identify patterns of behavior and learned what motivated the target child. There were some good informal assessments that were shared among the team members.

The child and family assessment is good. The worker keeps it updated. The worker, foster mother and therapist have a very good understanding of [target child's] behavior and understand how she will react to different situations. They seem to know what motivates her and how to approach her to get the best response from her. For example, they know that during the first two or three days after she makes a decision she may change her mind, but if she is still firm on what she has decided after three days she is serious about it and she will follow it through to completion. Therefore they have learned that the best outcome is achieved if they require her to wait three days before taking any action on something she has decided. They have also learned that if a decision is made that she doesn't like, she will whine, cry and feel betrayed for two or three days, then she is fine. Documenting these insights in the child and family assessment may be helpful to others who may work the case in the future. The therapist has done formal assessments of [target child]. The whole team is aware of the assessments and has added their individual understanding to the group. The team developed the plan from the needs identified during the assessment process.

There were also examples of the confusion and lack of service provided by the team when the child and family assessment is not updated or complete.

The assessment's conclusion that "[target child] is a good student" lacks evidentiary support in light of grades from last and first term reports and current mid term reports.

Recent monitoring and evaluation by the team is needed to assess [target child's] current underlying needs as they relate to her grades, recent death of a friend, and her relationships with her father and brother as there have been significant changes impacting [target child]. The family's strengths and needs as a whole seem to be a snapshot of a point in time of the family's continuum and the assessment is missing details about what strengths the father had had in raising two children as a single parent over the years, and what has worked well for the family. The team has identified no underlying needs for the father, although a psycho/sexual evaluation for the father is included in the file.

There is a connection between a good ongoing assessment and how the case is doing. One case noted that the long-term view is lacking because the assessment is incomplete. Another case stated that the team doesn't know if a child returning to either birth parent is an option because there has not been a parental fitness evaluation. One teenage mother reported that she has severe depression and also post partum depression that was never addressed. It was recommended in one of the formal mental health assessments for another target child that a neuropsychological evaluation needed to be completed, but this had not been done and no one interviewed seemed to know about it. It was clear that missing assessments played a large part in how the case was going.

Long-Term View

The long-term view indicator declined from 71% last year to 65% in the current review. The long-term view is something the region has struggled with. It has been below standard four out of the last five years. The importance and usefulness of an acceptable long-term view was clear in a case story example of a family preparing for adoption.

All team members understand the formal long-term view of adoption, and the informal plan and direction of the team shows that they are working a good plan with specific and planned steps for success. They have dealt and continue to deal with past abuse issues. Extended family members of both adopted parents are aware of the children and are supportive of the placement. They will act as substitute caregivers if needed. Financial obligation discussions have begun with an adoption workshop being discussed, helping the adoptive mother identify issues that could come up in the future and where the resources are to meet those needs. The therapist will continue to assist the family after adoption and the team will need to help the family connect with out of state resources when that move comes about.

Some of the risks associated with an incomplete long-term view were described in one of the stories.

The long-term view that is written is not the long-term view that those on the team are working on. The long-term view discusses mom and what she wants. She, however, has not been doing what she has needed to do for a while. There do not appear to have been modifications made to the long-term view as things changed for the child, mother, and grandparents. The common planning direction is not the same. This is an in-home case.

However, the children are out of home and the goal is reunification. This has caused some confusion with planning because the services are directed towards mom and the children, but the grandparents' needs are not identified and a strong concurrent plan is not in place.

The long-term view is closely linked with other indicators. Stability, permanency, long-term view and child and family assessment all have the same pattern of improved and decreased scores over the last five years. Some of the cases noted a connection between the indicators. One case stated, "The biggest concern is the lack of understanding of educational deficits that [target child] has and how this could affect the finer points of the long-term view."

There were also several comments indicating that the long-term view seemed to lack clarity and specificity. As the cases changed, the understanding of team members often was not the same regarding the long-term goals and placements.

Child and Family Planning Process

The region's score on the Child and Family Planning Process indicator dropped from 83% last year to 74% this year. However, there were seventeen acceptable cases that indicated good casework in the planning process. The following excerpt is an excellent example of a plan for a teenage child accessing current information, changing as the needs and assessments change and creating a detailed plan.

[Target child's] plan was very well done. It incorporated the new assessment information and followed the recommendations from that assessment. It captured the need to address independent living skills, such as maintaining a checking account and working at a local veterinary clinic, completing high school and completing a veterinary technician course. Although the long-term view statement was not very helpful, the plan itself looked quite long term and addressed objectives that are still quite a ways in the future.

In another case the plan was not individualized and not all of the children's needs were addressed. This was a case where concerns about the new template were evident. It was difficult to address the needs of each family member and to keep the plan updated as the case progressed and new information was attained.

The case plan was very generic with only three references to [target child] in the plan: adoption, termination of parental rights, and sibling visits. The rest of the plan talks about his siblings. Some of the team members expressed frustration with how generic many of DCFS's current plans are to the point that they can't tell what is expected of the parties. For example, in this case there is no indication of therapy or what is being worked on and its goals. There is no mention of his education goals, of him having an IEP and his struggling in math and reading. Expectation of the foster parents around needs for the adoption is not included. When the issues of the plan were brought up the worker discovered because this case has two foster care workers, the other worker's case plan was driving this case.

There were several cases that addressed the issue of the Child and Family template. One story noted, “The first set of steps is unchangeable and therefore not fitting to this particular case, which is a problem with the new plan template.” Another reviewer wrote, “This is a plan that was created in the new child and family plan template and has the standard, uneditable first need that addresses all of the federal requirements...The plan was not updated.” The caseworker would have had to write a new plan in order to make any changes. Attorneys, judges, caseworkers, and therapists have vocalized frustration with the new plan template.

Many reviewers felt that the plans were generic and lacked specific goals and steps to reach those goals. Some of the issues that needed to be addressed were educational goals, transition into adult living goals and other transitions, a clear permanency plan with an ongoing concurrent plan, and having mental health concerns addressed. The plans needed to be changed as the case changed and specific steps put into the plan so there was a clear understanding by all team members on what needed to happen. Again, sometimes these problems were attributed to the new template. Workers say they are not able to add to or change anything without rewriting the entire document which is very time consuming.

Plan Implementation

Plan Implementation increased again to a high score of 96%. The region has consistently improved in this area. In the following example, implementing the plan effectively met the teenage child’s changing needs. The team did a nice job prioritizing and timing the implementation of services and adapting when needed.

The child’s plan is being well implemented. The child is living with caring, competent caregivers. The child is safe in this home. She is having all her physical and mental needs met as specified in her plan. She is being well monitored in school through a mentor and her foster parents. She is learning some independent living skills from her caretakers, although her TAL plan has not been completely implemented at this time. The team felt she had enough projects going on at this time that it might overwhelm her. The plan is for it to be implemented at the beginning of next year. When there was a change in the service needs, the team implemented the plan quickly. When the target child began to exhibit some struggles as when she took her aunt’s school keys, the team immediately went into action and got her back into mental health services.

The following excerpt is from one of the cases where the biological mother has been reluctant to engage in offered services, contributing to an unacceptable score.

The biological mother has been part of the plan from the beginning. She has provided feedback on her objectives and what would work for her. Team members stated that they have adjusted their schedules to assist her in meeting her objectives such as visitation, attending her parenting course and looking for housing. The caseworker even linked the biological mother with housing and with the transition to adult living program for youth aging out of foster care. She chose not to take advantage of the programs. She wanted to work the plan on her own. The intensity of services on the child and family plan could have led to reunification of target child with his mother if she would have worked the plan.

Tracking and Adaptation

The tracking and adaptation indicator achieved a score of 100%. This exceeds the exit criteria for several years in a row. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes.

Most of the cases showed constant tracking and monitoring, and plans were quickly adapted or services added as needed. Two cases had an optimal score showing excellent work of effective tracking and adaptation. An example from one of these cases is evident in the following excerpt:

Likewise, Tracking and Adaptation scored in the optimal range. As stated earlier, when the foster/adoptive mother expressed a need for an intermediary for her communication with the birth mother, the caseworker stepped right in and came up with a plan. The team's ability to track and adapt was recently displayed when the FBI check was delayed because of inferior prints and again when the grandfather filed a petition to adopt. The team quickly notified each other and came up with a plan. The judge was contacted and asked what the process would be and whether or not the adoption could take place the afternoon of the hearing if the issues were resolved. This tracking and adapting is representative of how the team has operated throughout the case.

The other case was an excellent example of how the team worked together and communicated throughout the case. Because of constant tracking and adapting the services the child was able to be successful.

*The child is continually **tracked** in this case through emails, phone calls and with monthly team meetings. Any time there is a concern, the team is quick to address it as when the team learned the child was receiving good grades but she was not obtaining credit in her class due to the child's attendance concerns. The team was quick to address this through developing a plan for the child to obtain the credits by staying an hour prior to or after school. If there was a need to **adapt** services, as with the family re-established mental health services, the team quickly identified the need and obtained the services. The constant tracking and quick adjustment to services has helped the child reach favorable levels of functioning.*

V. Recommendations for Practice Improvement

At the conclusion of the week of Qualitative Case Reviews, there is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

Practice Improvement Opportunities

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the small number of indicators summarized below. These represent the two indicators that had the lowest scores on system performance. Long-term view had a decline in performance and dropped from 71% to 65%. Child and Family Planning also dropped from 83% to 74%. These two indicators are closely linked.

Child and Family Planning Process

- In some of the cases, the reviewers indicated that some supports were not involved in the teaming and planning process. Some reviewers indicated that schoolteachers were not involved in the planning process and educational needs were not addressed in detail. Another review noted that non-division agencies could have been on the team and part of the plan, such as Division of Services for People with Disabilities, Work Force Services, or educators. Families involved with different agencies could have had their plans integrated and supported by all workers.
- There were several cases where the reviewers noted that all of the family members were not addressed in the plan. There need to be individualized goals and needs identified for each member of the family. The plan sometimes revolved around one member of the family. One reviewer noted that this prevented other family members from getting services. This was also a concern in cases where there were two caseworkers and two cases open at the same time involving the family.
- There is a concern that the plans are not being updated. This is in part due to the new plan template that the workers need to use. It reportedly cannot be edited after thirty days, but needs to be totally rewritten, which takes time that the caseworker does not have. Every time a new plan is written the worker needs to get all the signatures, which is also time consuming. Former team members who are no longer a part of the plan cannot be removed. There are changes in family dynamics and situations occur that change the long term goal, therapy needs, visitation, etc. Without an updated plan there is not complete understanding between the team members.
- Some judges are requiring a separate plan for court because the new plan is too complex. It was stated that if the judges can't understand the plan, then how can the clients?
- There were many plans that lacked the steps needed to achieve the goal identified in the plan. Some cases had key transitional pieces missing, some did not have the steps to carry

out the adoption, medical issues were not addressed in detail, and there were many that did not have steps detailed to help the family and DCFS work towards the long-term plan.

Long-Term View

- Reviewers saw a need for long-term views that outlined transitions to exit the system and explained how to succeed independent of DCFS. The plans often lacked clarity and specificity.
- In some cases the long-term view was not connected to the plan. The plan needed to have not only the long-term goal, but also how to get there. The steps needed for reunification, adoption, custody and guardianship, or independent living needed to be detailed.
- There needs to be a strong and workable concurrent plan in the long-term view. In some cases the team had felt that reunification would happen, but a year later the children were in a home not able or willing to adopt, and the children weren't going home. In one case the courts gave custody to kin, and when it was clear there wasn't going to be reunification, it was also clear that kin could not be a long-term placement.
- When there are multiple children, attention needs to be paid to the long-term view for each child. In one case the children with the most needs and issues were focused on but the target child was not addressed.
- Sometimes what is written in the plan for long-term view is not what is happening. In some cases team members had different ideas of what is the long-term view.

Recommendations

At the Exit Conference the Office of Service Review presented two areas that reviewers had identified as needing improvement (Long-term View and Planning) and invited the region to comment on why they felt they were struggling with these areas and what might help performance improve. Members of the region staff had several comments about what they were seeing as challenges to improving practice around these indicators.

One of the main concerns of the planning process is the new template. There was a suggestion that SAFE training be offered on the new template and workers learn ways to input specific information into the new plan document.

It was noted that the needs statements are the same on out-of-home and in-home cases. They need to be different. It was suggested that removal with kinship could also have different language. There was a recommendation that there could be three statements, and perhaps workers could have an option to choose which statement fits that case best.

The staff was encouraged to use the assessments that have been done and to focus on getting to underlying needs and look at what is driving the behavior. There was also a reminder that Child and Family Assessment needs to look at the needs of both parents and children. The plan needs to adapt to concerns that are brought out with new assessments.

The long-term view is closely linked with other indicators. When stability in a case is not strong, the long-term view needs to be constantly revisited. If there is a new assessment on a parent or child, the long-term plan needs to adapt to any changes.

One of the greatest strengths of the region was their action plan. At the exit conference they came up with a detailed plan to address the concerns and improve their practice. The following are the items in their action plan

ACTION ITEMS

1. Have a summit on Long-Term View.
2. Meet with the State Administration to discuss the difference between the Office of Service Review's understanding of the long-term view and what is in the training module.
3. Give nurses access to the in-home cases.
4. Clarify what underlying needs are.
5. Provide examples of good plans.
6. Work on the quality of assessments.
7. The region will review the permanency and stability scores from the content analysis out of the case stories and look for very specific weaknesses.

Summary

This is the first time that the child status was lower than the system performance score. There were three cases that were unacceptable in child status. Two of the cases were unacceptable in safety. As noted before, both of these cases involved older teenage boys. These cases had issues of mental illness, impulsive behaviors and substance abuse. It was noted by the reviewers that the team had worked hard on these cases and the scores were due to the choices and behaviors of the children.

The other case that failed in child status was unacceptable in stability, placement, learning, permanence and family functioning. This was a case involving a mother who has low intellectual functioning. The team needed to take the time to determine whether the mother's lack of ability to parent was resistance or inability. The appropriate and necessary assessments were slow in being completed due to the mother's abilities. The case is currently in transition because the long-term view of the team has now taken another direction, and the return home goal does not appear to be possible. It is unusual for a case to be doing well on system performance and not on child status. This is evidence of the region's hard work with difficult cases.

The Western Region successfully addressed and resolved many of the challenges reflected in last year's QCR results. The Region improved system performance and improved outcomes for children and families. Only six years ago in FY 02 the overall score for system performance in the region was 54 percent. This year it was 100 percent!

The Western Region has improved in several areas. The scores have increased in Child and Family Teaming and Coordination, Plan Implementation, Tracking and Adaptation, Learning Progress and Satisfaction. They scored 100% on Tracking and Adaptation, Formal and Informal Supports, Caregiver Supports, Caregiver Functioning and Health and Physical Well-Being. Every case reviewed was above standards for system performance. It was noted several times that many of the workers have high caseloads and carry difficult cases. There were many reports that the workers are competent professionals who are engaging with their clients and with the community.

APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.